

FAX TRANSMISSION**DATE:** August 22, 2003**PTO IDENTIFIER:** Application Number 09/936,032
Patent Number**Inventor:** Michael NICOLAIDIS**MESSAGE TO:** Group Art Unit 2816 (Examiner To Be Assigned)**FAX NUMBER:** (703) 872-9318**FROM:** MORRISON & FOERSTER LLP

Stephen C. Durant

PHONE: (415) 268-6982**Attorney Dkt. #:** 514842000100**PAGES (Including Cover Sheet):** 5**CONTENTS:** Transmittal (1 page)
Request for Withdrawal as Attorney or Agent (in triplicate, total of 3 pages)

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GROUP 2800

NO. 327 P. 2

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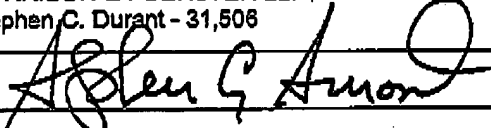
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/936,032	
	Filing Date	March 11, 2002	
	First Named Inventor	Michael NICOLAIDIS	
	Art Unit	2816	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	514942000100

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent (in triplicate)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP. Stephen C. Durant - 31,506
Signature	
Date	August 22, 2003

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Date: August 22, 2003 Signature: Valerie Cohan (Valerie Cohan)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/936,032
	Filing Date	March 11, 2002
	First Named Inventor	Michael NICOLAIDIS
	Art Unit	2816
	Examiner Name	To Be Assigned
	Attorney Docket Number	514842000100

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has obtained other legal counsel.

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- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Stephen C. Durant - 31,506

Signature *Stephen C. Durant*

Date August 22, 2003

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Dated: August 22, 2003 Signature: *Valerie Cohen* (Valerie Cohen)

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